

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	213506515			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>BEDFORD MEMORIAL HOSPITAL</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>BRIGGS W ANDREWS</b>  <b>CARILION HEALTH SYSTEM 213 S JEFFERSON ST</b>  <b>STE 720 / PO BOX 40032</b></p> <p><b>ROANOKE, VA 24022-32</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>ROANOKE CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: <b>3/31/2013</b></p> <p>SCC ID NO: <b>00609073</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1613 OAKWOOD ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: BEDFORD, VA 24523</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PATSY DOOLEY  TITLE: VICE PRESIDENT  ADDRESS: 107 SPRING HILL CIRCLE  CITY/ST/ZIP/CO: BEDFORD, VA 24523 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PATSY DOOLEY TITLE: VICE PRESIDENT ADDRESS: 107 SPRING HILL CIRCLE CITY/ST/ZIP/CO: BEDFORD, VA 24523	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	Timothy B Hellewell M D	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Chief Med Staff		
ADDRESS:	1515 Parkland PI		
CITY/ST/ZIP/CO:	Lynchburg, VA 24503		
NAME:	Michael Bryant	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4900 Mountain Laurel Drive		
CITY/ST/ZIP/CO:	Lynchburg, VA 24503		
NAME:	Charles Kolakowski	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	930 Ashland Avenue		
CITY/ST/ZIP/CO:	Bedford, VA 24253		
NAME:	Brian Buchanan M D	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1710 Whitfield Drive		
CITY/ST/ZIP/CO:	Bedford, VA 24523		
NAME:	Paul Davenport	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5733 Salisbury Drive		
CITY/ST/ZIP/CO:	Roanoke, VA 24018		
NAME:	Patti Jurkus	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/Treasurer		
ADDRESS:	207 Springhill Circle		
CITY/ST/ZIP/CO:	Bedford , VA 24523		
NAME:	Carolyn Jacques	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	104 Fairfax Court		
CITY/ST/ZIP/CO:	Lynchburg, VA 24503		
NAME:	Michael LeMaster	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1432 High Acre Rd		
CITY/ST/ZIP/CO:	Bedford, VA 24523		
NAME:	Donald B Halliwill	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6140 Morning Glory Drive		
CITY/ST/ZIP/CO:	Roanoke, VA 24012		
NAME:	John R Mack	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2149 Powell School Rd		
CITY/ST/ZIP/CO:	Big Island , VA 24526		
NAME:	Curtis E Mills	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3317 yellow Mountain Rd		
CITY/ST/ZIP/CO:	Apt. 110 Roanoke, VA 24014		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Guy E Murray Jr CHAIRMAN 1017 Hampton Ridge Bedford, VA 24523	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Melina D Perdue DIRECTOR 2125 Yellow Mt Rd Apt 307 Roanoke, VA 24014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Consuella Woods DIRECTOR 213 St. Andrews Circle Lynchburg, VA 24503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rachel L Mabe ASST SECRETARY 3335 FOREST COURT Roanoke, VA 24018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Rachel LMabe SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Rachel LMabe, PRINTED NAME AND CORPORATE TITLE	2/7/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			